OAKWOOD LUTHERAN HME-HEBRON OAKS

6201 MINERAL POINT RD

MADISON	53705 Phone: (608) 230-4699	9	Ownership:	Nonprofit Church/Corporation
Operated from	1/1 To 12/31 Days of Operation	366	Highest Level License:	Skilled
Operate in Con	junction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds	Set Up and Staffed (12/31/04):	137	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity (12/31/04):	137	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31/04:	135	Average Daily Census:	132

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%		
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	 Less Than 1 Year 1 - 4 Years	45.2 32.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.0	More Than 4 Years	22.2	
Day Services	No	Mental Illness (Org./Psy)	39.3	65 - 74	3.7		100.0	
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	0.7 0.0	75 - 84 85 - 94	21.5 57.0	 *********************	100.0	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.8	Full-Time Equivalent		
Congregate Meals No		Cancer 0				Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	8.1		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	8.1	65 & Over	97.0			
Transportation	No	Cerebrovascular	8.1			RNs	10.4	
Referral Service	No	Diabetes	1.5	Gender	용	LPNs	6.1	
Other Services	No	Respiratory	6.7			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	26.7	Male	13.3	Aides, & Orderlies	52.2	
Mentally Ill	No			Female	86.7			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other]	Private Pay	:		amily Care]	Managed Care	l		
Level of Care	No.	જે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	3.0	153	0	0.0	0	2	2.4	220	0	0.0	0	0	0.0	0	3	2.2
Skilled Care	16	100.0	330	32	97.0	130	0	0.0	0	82	96.5	201	0	0.0	0	1	100.0	437	131	97.0
Intermediate				0	0.0	0	0	0.0	0	1	1.2	210	0	0.0	0	0	0.0	0	1	0.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		33	100.0		0	0.0		85	100.0		0	0.0		1	100.0		135	100.0

County: Dane Facility ID: 6630 Page 2
OAKWOOD LUTHERAN HME-HEBRON OAKS

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/04
beating burning Reporting Period					 % Needing		Total
ercent Admissions from:		Activities of	8	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	2.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.0	Bathing	0.0		82.2	17.8	135
Other Nursing Homes	2.8	Dressing	0.7		89.6	9.6	135
Acute Care Hospitals	84.6	Transferring	4.4		84.4	11.1	135
Psych. HospMR/DD Facilities	0.0	Toilet Use	3.0		82.2	14.8	135
Rehabilitation Hospitals	0.0	Eating	41.5		50.4	8.1	135
Other Locations	8.3	******	******	*****	******	*******	******
otal Number of Admissions	254	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	3.0	Receiving Resp	iratory Care	11.1
Private Home/No Home Health	19.2	Occ/Freq. Incontiner	nt of Bladder	45.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	26.5	Occ/Freq. Incontiner	nt of Bowel	43.7	Receiving Suct	ioning	0.0
Other Nursing Homes	1.6				Receiving Osto	my Care	4.4
Acute Care Hospitals	2.9	Mobility			Receiving Tube	Feeding	1.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	5.9	Receiving Mech	anically Altered Diet	s 31.9
Rehabilitation Hospitals	0.0						
Other Locations	22.9	Skin Care			Other Resident C	haracteristics	
Deaths	26.9	With Pressure Sores		3.0	Have Advance D	irectives	76.3
otal Number of Discharges		With Rashes		9.6	Medications		
(Including Deaths)	245	İ			Receiving Psyc	hoactive Drugs	52.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	Ownership:			Bed	Size:	Lic	ensure:		
	This	Nonprofit		100	-199	Ski	lled	Al	1
	Facility	Peer	Peer Group		Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	92.7	1.04	90.2	1.07	90.5	1.07	88.8	1.08
Current Residents from In-County	97.8	84.6	1.16	82.9	1.18	82.4	1.19	77.4	1.26
Admissions from In-County, Still Residing	23.6	20.5	1.15	19.7	1.20	20.0	1.18	19.4	1.22
Admissions/Average Daily Census	192.4	153.0	1.26	169.5	1.14	156.2	1.23	146.5	1.31
Discharges/Average Daily Census	185.6	153.6	1.21	170.5	1.09	158.4	1.17	148.0	1.25
Discharges To Private Residence/Average Daily Census	84.8	74.7	1.14	77.4	1.10	72.4	1.17	66.9	1.27
Residents Receiving Skilled Care	99.3	96.9	1.02	95.4	1.04	94.7	1.05	89.9	1.10
Residents Aged 65 and Older	97.0	96.0	1.01	91.4	1.06	91.8	1.06	87.9	1.10
Title 19 (Medicaid) Funded Residents	24.4	54.6	0.45	62.5	0.39	62.7	0.39	66.1	0.37
Private Pay Funded Residents	63.0	32.6	1.93	21.7	2.91	23.3	2.71	20.6	3.06
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	40.0	37.4	1.07	36.8	1.09	37.3	1.07	33.6	1.19
General Medical Service Residents	26.7	20.2	1.32	19.6	1.36	20.4	1.31	21.1	1.27
Impaired ADL (Mean)	51.4	50.1	1.03	48.8	1.05	48.8	1.05	49.4	1.04
Psychological Problems	52.6	58.4	0.90	57.5	0.91	59.4	0.89	57.7	0.91
Nursing Care Required (Mean)	7.7	7.0	1.11	6.7	1.15	6.9	1.12	7.4	1.03